MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08905

Reg. Dist. No. 166

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mountain Lake Park
LENGTH OF STAY (in this place) 8 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mountain Lake Park
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) -- (Last) Bevans

4. DATE OF DEATH (Month) September (Day) 29 (Year) 1951

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 8-13-1869

9. AGE last birthday 82 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Hoffman, Alleghany Co, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Houser

14. MOTHER'S MAIDEN NAME Johana Houser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Elwood Bevans, Keyser W.Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro-Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 28 Sept 51

422.1 Antecedent cause(s) (b) Arteriosclerotic cardio-vascular disease — ? years

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Oct, 1948, to 29 Sept, 1951 that I last saw the deceased alive on 28 Sept, 1951, and that death occurred at 1:00 A.m., from the causes and on the date stated above.

SIGNATURE Thomas 2. Lusby MD (Degree or title) ADDRESS Oakland, Md. DATE SIGNED 30 Sept 51

23. BURIAL, CREMATION ~~REMOVAL (Specify)~~ Burial DATE 10-1-1951 NAME OF CEMETERY OR CREMATORY Ridgley MD LOCATION (City, town, or county) (State) Rural Grantsville Md

DATE REC'D BY LOCAL REG. 10-1-1951 REGISTRAR'S SIGNATURE Julia A. Nowan

24. FUNERAL DIRECTOR Wm Winterberg ADDRESS Grantsville Md

RECEIVED
OCT 4 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08906

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Garrett · Oakland, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Md. Rural
LENGTH OF STAY (In this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY Fayette
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Leisering, Pa.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Raymond (Middle) (Last) Bowers

4. DATE OF DEATH: (Month) Sept (Day) 1 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1/11/1911

9. AGE last birthday: 40 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Minor

11. BIRTHPLACE (State or foreign country): Cove Run, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Bowers

14. MOTHER'S MAIDEN NAME: Laura Hawk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 200-07-1729

17. INFORMANT AND ADDRESS: Orrie Bowers, West Leisering, Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

9528 **Immediate cause** (a) Accidental Drowning

172 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Deep Creek Lake - near Oakland (CITY OR TOWN) (COUNTY) Garrett (STATE) Md

TIME OF INJURY (Month) Sept (Day) 1 (Year) 1951 (Hour) 9 a m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Boat Capsized

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ therein and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) E. J. Baumgartner M D

ADDRESS Oakland Md

DATE SIGNED 9/18/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 9/19/1951

NAME OF CEMETERY OR CREMATORY Cove Run Cemetery

LOCATION (City, town, or county) (State) Dunbar, Pa.

DATE REC'D BY LOCAL REG. 9-18-51

REGISTRAR'S SIGNATURE Julia L Rowan

24. FUNERAL DIRECTOR Emory D. Bolden

ADDRESS Oakland, Md.

Body in Lake for 18 days

RECEIVED
SEP 20 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08907

CERTIFICATE OF DEATH

Reg. Dist. No. 161

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
LENGTH OF STAY (in this place): 66 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN: Friendsville Md Rural
STREET ADDRESS (If rural, give location): R.F.D 1 - Box 40

3. NAME OF DECEASED (Type or Print): (First) FRANKLIN (Middle) J (Last) BOWSER

4. DATE OF DEATH: (Month) Sept (Day) 29 (Year) 19 51

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: [illegible]

9. AGE last birthday: 91 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Penna Somerset

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Not known

14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): no

16. SOCIAL SECURITY No.: no

17. INFORMANT AND ADDRESS: Ralph Bowser - Friendsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	1 Hour.
420.1 **Antecedent cause(s)**		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Heart Artery Disease	20 yrs.
	(c) General Arteriosclerosis	20 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Chronic Nephritis — 20 yrs.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — — — —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 19 51, to Sept 29 19 51, that I last saw the deceased alive on Sept 20, 19 51, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Edwin M. Price MD — ADDRESS: Confluence Pa — DATE SIGNED: Sept 29, 51.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Oct 1- 1951 — NAME OF CEMETERY OR CREMATORY: Umbel Cemetery — LOCATION (City, town, or county) (State): Friendsville-Garrett Md

DATE REC'D BY LOCAL REG.: Sept 30.1951 — REGISTRAR'S SIGNATURE: Kathryn Fike

24. FUNERAL DIRECTOR — ADDRESS: W.K. Rodabaugh Markleysburg Pa

VS-A15

RECEIVED
OCT 2 1951
BUREAU V. S.

Item 4 FilmG135 9/13/51 ww

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08908

CERTIFICATE OF DEATH

Reg. Dist. No. 171

1. PLACE OF DEATH: COUNTY Garett MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Bittinger — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Bittinger
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Jacob	(Middle) -	(Last) Brennamon	4. DATE OF DEATH	(Month) Sept. (Day) 3 (Year) 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 11-14-1871	9. AGE last birthday 79 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Owner of Farm	11. BIRTHPLACE (State or foreign country) Rural Bittinger Md	12. CITIZEN OF WHAT COUNTRY? U.S.A		
13. FATHER'S NAME Joel Brennamon	14. MOTHER'S MAIDEN NAME Catherine Bittinger				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mrs Rex Buckel, Bittinger Md			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — 2 yrs

422.2 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1951, to Sept 3, 1951, that I last saw the deceased alive on Sept 2, 1951, and that death occurred at 9:00 A m., from the causes and on the date stated above.

SIGNATURE N. R. Davis (Degree or title) M.D. ADDRESS Grantsville Md DATE SIGNED Sept 5 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 9-5-1951	NAME OF CEMETERY OR CREMATORY Bittinger	LOCATION (City, town, or county) (State) Bittinger Garett Co. Md
DATE REC'D BY LOCAL REG. 9-7-51	REGISTRAR'S SIGNATURE Mr. J. B. Emery	24. FUNERAL DIRECTOR Wm Winterberg	ADDRESS Grantsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

120105

RECEIVED
SEP 7 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08909

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Garrett — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland, — MARYLAND — LENGTH OF STAY (in this place): Oakland, Maryland, Life time — HOSPITAL OR INSTITUTION OR STREET ADDRESS: Garrett Memorial Hospital Oakland, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Garrett — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland, Md. — STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) A. (Last) Clark.

4. DATE OF DEATH: (Month) 9/30/1951 (Day) (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowe

8. DATE OF BIRTH: 3/19/1871

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: House wife

11. BIRTHPLACE (State or foreign country): Oakland, Maryland.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Bowers,

14. MOTHER'S MAIDEN NAME: Martha Zigler.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Carl Clark, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhage from gastric ulcer — Interval between onset and death: 36 hrs

422.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Arteri sclerotic Cardio vascular Disease — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 May, 19 49, to 30 Sept, 19 51, that I last saw the deceased alive on 30 Sept, 19 51, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

SIGNATURE: A. E. Mance — (Degree or title): MD — ADDRESS: Oakland Md — DATE SIGNED: 2 Oct 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/4/1951 — NAME OF CEMETERY OR CREMATORY: Rosedale Cemetery — LOCATION (City, town, or county) (State): Martinsburg, W. Va.

DATE REC'D BY LOCAL REG. 10/3/1951 — REGISTRAR'S SIGNATURE: Julia A. Rowan — 24. FUNERAL DIRECTOR: Emroy D. Bolden — ADDRESS: Oakland, Md.

Kozjelachotz & Coffman Funeral Home
Martinsburg, West Virginia

RECEIVED
OCT 4 1951
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

910

Reg. Dist. No. 160

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finzel
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.L. No 2 Frostburg, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Mt. COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finzel R.L. No 2
STREET ADDRESS (If rural, give location) Frostburg, Md.

3. NAME OF DECEASED (Type or Print) (First) Minnie (Middle) Catherine (Last) Clark
4. DATE OF DEATH (Month) 9 (Day) 2 (Year) 1951
5. SEX F
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 3-3-1886
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Finzel
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Casper Lewis
14. MOTHER'S MAIDEN NAME Anna Kiedel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Wm. Clark, Mt. Surrey, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cerebral Hemorrhage	3 days.
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b)	Hypertensive Cardiovascular disease	years
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to 2 Sept, 1951, that I last saw the deceased alive on 2 Sept, 1951, and that death occurred at 5 30 p m., from the causes and on the date stated above.

SIGNATURE John B. Davis (Degree or title) M.D. ADDRESS Frostburg Md DATE SIGNED 9/3/51.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-5-1951
NAME OF CEMETERY OR CREMATORY Finzel Cem.
LOCATION (City, town, or county) Finzel (State) Md.

DATE REC'D BY LOCAL REG. Sept. 3-51
REGISTRAR'S SIGNATURE Mrs Julius Michael
24. FUNERAL DIRECTOR Jacob [illegible] ADDRESS Frostburg, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH
COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Maryland
LENGTH OF STAY (In this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett County Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hutton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) A. (Last) Connell
4. DATE OF DEATH: (Month) Sept. (Day) 20 (Year) 19 57

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: 4/15/1854
9. AGE last birthday: 97 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Lumberman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hutton, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Connell
14. MOTHER'S MAIDEN NAME: Margaret Craig.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Arch Connell, Hutton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Embolus -	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture Right Hip	20 Hours
703.0	(c) Arteriosclerosis - Generalized	15 Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary Heart Disease

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) accident
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home
(CITY OR TOWN) Hutton (COUNTY) Garrett (STATE) Md
TIME OF INJURY (Month) Sept (Day) 19 (Year) 1957 (Hour) 11:30 PM
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? accidentally fell in own room

22. I hereby certify that I attended the deceased from ..... , 1946, to 20 Sept., 1957, that I last saw the deceased alive on 20 Sept., 1957, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
A. E. Mance MD Oakland Md Sept 57

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/22/57
NAME OF CEMETERY OR CREMATORY Oakland Cemetery
LOCATION (City, town, or county) (State) Oakland, Md.

DATE REC'D BY LOCAL REG. 9/22/57
REGISTRAR'S SIGNATURE Julia A. Rowan
24. FUNERAL DIRECTOR Emory D. Bolden ADDRESS Oakland, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

55312

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply ~~any~~ items of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — Sang Run — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sang Run, Md. Rural
LENGTH OF STAY (in this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland, COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sang Run, Md. Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Wesley (Middle) McClelland (Last) Friend.

4. DATE OF DEATH: (Month) 9/30 (Day) (Year) 1951 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6/6/1896

9. AGE last birthday: 55 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner of a Farm

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): White Rock, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: S. M. Friend

14. MOTHER'S MAIDEN NAME: Della Alice Friend.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-14-0132

17. INFORMANT AND ADDRESS: Arnold G. Friend, Sang Run, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Heart Desease — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Desease — 5-6 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

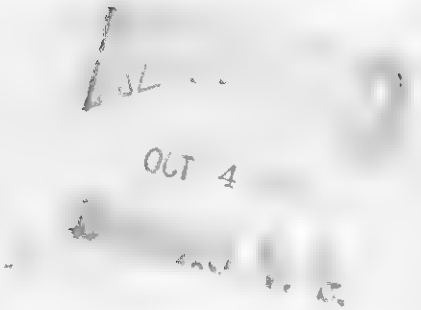
22. I hereby certify that I attended the deceased from 19 March 19 48, to 28 Sept, 19 51, that I last saw the deceased alive on 28 Sept, 19 51, and that death occurred at 7:10 A. m., from the causes and on the date stated above.

SIGNATURE: A. E. Maurer (Degree or title) MD ADDRESS: Oakland Md DATE SIGNED: 1 Oct 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10/1/1951 — NAME OF CEMETERY OR CREMATORY: Sang Run Cemetery — LOCATION (City, town, or county) (State): Sang Run, Md.

DATE REC'D BY LOCAL REG. 10/1/51 — REGISTRAR'S SIGNATURE: Julia L. Rowan

24. FUNERAL DIRECTOR: Emory D. Bolyard — ADDRESS: Oakland, Md


OCT 4

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

13

1. PLACE OF DEATH COUNTY: Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland
LENGTH OF STAY (in this place): 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cuppet Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 200 Glenn St

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) Thersa (Last) Frost
4. DATE OF DEATH (Month) Sept (Day) 17 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Mar 18 1863
9. AGE last birthday: 88 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House duty
10b. KIND OF BUSINESS OR INDUSTRY: House
11. BIRTHPLACE (State or foreign country): Cumberland Md
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Ormand Frost
14. MOTHER'S MAIDEN NAME: Margaret Lodgston
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs J T Defibaugh Cumberland Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage - left — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardio-vascular disease — ? years

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 Apr, 1951, to 16 Sept, 1951, that I last saw the deceased alive on 16 Sept, 1951, and that death occurred at 12:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Thomas L. Lusby M. D.
ADDRESS: Oakland, Md.
DATE SIGNED: 19 Sept 51

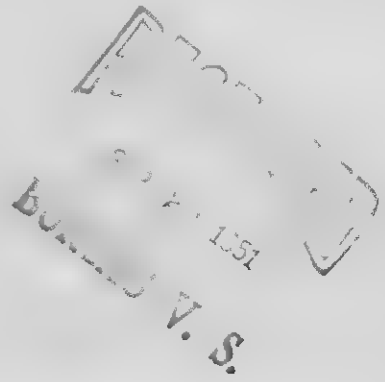
23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Sept 19 1951
NAME OF CEMETERY OR CREMATORY: St Patricks Cemetery
LOCATION (City, town, or county) (State): Cumberland Md

DATE REC'D BY LOCAL REG.: 9-19-51
REGISTRAR'S SIGNATURE: Julia A. Rowan
24. FUNERAL DIRECTOR: Wm H. Kight
ADDRESS: Cumberland Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08914

Reg. Dist. No. 16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. No. 2. Box 469

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) R.D. No 2 Box 469

3. NAME OF DECEASED (Type or Print): (First) Elmer (Middle) Milton (Last) Green
4. DATE OF DEATH: (Month) 9 (Day) 4 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	W.	Married	12-11-1884	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner	Coal Mines	Maryland	U.S.A.

13. FATHER'S NAME Jefferson Green
14. MOTHER'S MAIDEN NAME Alice Fortney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 218-18-1722
17. INFORMANT AND ADDRESS Wm. Green R.D. No 2 Box 469 Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	1 hr.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4 Sept, 1951, to 4 Sept, 1951, that I last saw the deceased alive on 4 Sept., 1951, and that death occurred at 6 30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John B. Davis, M.D.	Frostburg, Md.	9/4/51.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-6-1951	Green Cem.	Lonaconing Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 5-1951	Mrs. Julius Michael	Jacob Hafer	Frostburg Md.

VS. A13

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1915

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Accident
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Accident
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Elias (Middle) Fulton (Last) McClinteck

4. DATE OF DEATH: (Month) September (Day) 6, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-18-1884

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Fort Hill Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Jacob McClinteck

14. MOTHER'S MAIDEN NAME: Anna Coller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Luther McClinteck, Accident Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a

(b) Angina Pectoris

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~, 19....., to ~, 19....., that I last saw the deceased alive on ~, 19....., and that death occurred at 5:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. B. Messmore M.D. **ADDRESS** Addison-Pa **DATE SIGNED** 9-8-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE:** 9-9-1951 — **NAME OF CEMETERY OR CREMATORY:** Addison — **LOCATION (City, town, or county) (State):** Addison Pa

DATE REC'D BY LOCAL REG.: Sept 8, 51 — **REGISTRAR'S SIGNATURE:** Esther Broadwater

24. FUNERAL DIRECTOR: Wm Winterberg — **ADDRESS:** Grantsville Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

33916

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Md. Rural; LENGTH OF STAY (in this place) life time; HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett Memorial Hospital Oakland, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Md. Rural; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lillie (Middle) Mae (Last) McRobie

4. DATE OF DEATH: (Month) (Day) (Year) 9/ 24/ 195[illegible] 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6/3/1896

9. AGE last birthday: 55 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Oakland, Maryland,

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David A. Stephens

14. MOTHER'S MAIDEN NAME: Mary L. Shrout.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-16-2001

17. INFORMANT AND ADDRESS: Mrs. Harriet L. Beckman, Swanton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acidosis & Cumulative Failure

260X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus

61 (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

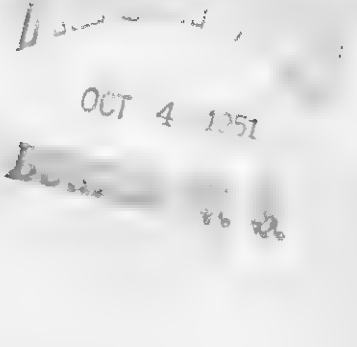
22. I hereby certify that I attended the deceased from 1/20/[illegible]5, 19..... to 9/24/51, 19....., that I last saw the deceased alive on 9/24/51, 19....., and that death occurred at 4:[illegible]5 P.M., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M D ADDRESS Oakland Md DATE SIGNED 9/25/51

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial; DATE THEREOF 9/27/1951; NAME OF CEMETERY OR CREMATORY Ferndale Cemetery; LOCATION (City, town, or county) (State) Near Oakland, Md.

DATE REC'D BY LOCAL REG. 9/27/51; REGISTRAR'S SIGNATURE Julia A. Rowan

24. FUNERAL DIRECTOR ADDRESS Emroy D. Bolan, Oakland, Md.


OCT 4 1951

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett Oakland MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS 86 Oak Street, Oakland, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) Conrad (Last) Myers, Jr.

4. DATE OF DEATH (Month) 9 (Day) 6 (Year) 1951

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 5/9/1877

9. AGE last birthday 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Constable

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Grantsville Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry C. Myers.

14. MOTHER'S MAIDEN NAME Elizabeth Durst.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs. Henry C. Myers, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Apoplexia.

334X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerosis.

83a (c) –

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 9-6-1951.

19b. MAJOR FINDINGS OF OPERATION Home. 86 Oak St- Oakland, Garrett

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) –

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) – (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) – m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1-, 1951, to 9-6, 1951, that I last saw the deceased alive on 9-6-, 1951, and that death occurred at 11.45p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) F. H. Wenzel Md ADDRESS Oakland DATE SIGNED Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 9/9/1951

NAME OF CEMETERY OR CREMATORY Oakland, Cemetery

LOCATION (City, town, or county) (State) Oakland, Maryland.

DATE REC'D BY LOCAL REG. 9/9/51.

REGISTRAR'S SIGNATURE Julia A. Rowan

24. FUNERAL DIRECTOR Emroy D. Novotnes ADDRESS Oakland, Md.

1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 162

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 2 mi. East Grantsville — LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
RICHARD	JOHNSON	PETTIT	Sept	10	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs Hours	Min.
Male	White	Single	May 17, 1932	19 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Garage helper	Lustine-Nicholson Chev Washington, D.C.	Ellicottville, N.Y.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Steven Pettit	Marion C Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	050-24-9027	Mr Steven Pettit - Grantsville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816.5 **Immediate cause** (a) Rupture right lung

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushing injury right chest wall

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Laceration right side of face

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office building, etc.) OF INJURY	CITY OR TOWN	(COUNTY)	(STATE)
	U.S. Route 40	Grantsville	Garrett	Md

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
Sept 10 - 1951 7:50 A.M.		Ran into a loaded coal truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
C. J. Baumgartner MD	Oakland Md	9/10/51

23. BURIAL, CREMATION, REMOVAL. (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/14/51	Ellicottville Catholic	Ellicottville, N.Y.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 10/51	Ethel Broadwater	Allen Winterberg	Grantsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes clearly and legibly.

1. PLACE OF DEATH
COUNTY: GARRETT — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND
LENGTH OF STAY (In this place): 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ROUTE #2, SWANTON MARYLAND
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) BABY (Middle) BOY (Last) RINKER

4. DATE OF DEATH: (Month) SEPTEMBER (Day) 20 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 9/19/1951

9. AGE last birthday: yrs. — If under 1 year: Months / Days: 1 / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: RINKER, CALVIN LEO

14. MOTHER'S MAIDEN NAME: STINE, JOANNE JOYCE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: MR. CALVIN LEO RINKER, R#2, SWANTON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	PREMATURITY 7 mos Gestation	24 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	VAGINAL BLEEDING Aug. 1951	
	(c)	CAUSE UNKNOWN.	

71 X
159

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-19, 1951, to 9-20, 1951, that I last saw the deceased alive on 9-19, 1951, and that death occurred at 5:35 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James H. Deaton Jr. M.D. — ADDRESS: Oakland, Md — DATE SIGNED: 9-21-51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 9/19/1951 — NAME OF CEMETERY OR CREMATORY: Oakland, Cemetery. — LOCATION (City, town, or county) (State): Oakland, Md.

DATE REC'D BY LOCAL REG. 9/19/51 — REGISTRAR'S SIGNATURE: Julia A. Rowan

24. FUNERAL DIRECTOR: Emory D. Bosley — ADDRESS: Oakland, Md.

VS. A-7

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

920

Reg. Dist. No. 172

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vindex
LENGTH OF STAY (In this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS West Vindex

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vindex
STREET ADDRESS East Vindex (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Marvin (Middle) Marshall (Last) Rohrbaugh
4. DATE OF DEATH (Month) Sept (Day) 10 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec. 14, 1913
9. AGE last birthday 37 yrs. If under 1 year Months 8 Days 26 If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Steel mill
11. BIRTHPLACE (State or foreign country) Chaffee, Mineral Co. W.Va.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME John Marshall Rohrbaugh
14. MOTHER'S MAIDEN NAME Bessie Ellen Puffenbarger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1937-40
16. SOCIAL SECURITY No. 218-09-4899
17. INFORMANT AND ADDRESS R#1, John M. Rohrbaugh, Moorefield, W.Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

916.0 Immediate cause (a) Asphyxiation result of Carbon monoxide

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Second & Third Degree burns Extremities

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) Vindex (COUNTY) Garrett (STATE) Md
TIME OF INJURY (Month) Sept (Day) 10 (Year) 1951 (Hour) 2:00 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Bed caught on fire

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. F. Baumgartner M.D. (Degree or title) ADDRESS Oakland Md DATE SIGNED 9/11/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept. 12/51
NAME OF CEMETERY OR CREMATORY Kalbaugh Cemetery
LOCATION (City, town, or county) (State) Elk Garden, W.Va.

DATE REC'D BY LOCAL REG. 9/12/51
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Otha F. Sharpless, Blaine, W.Va. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Deer Park; LENGTH OF STAY (In this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt Lake Park.; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) ELSIE (Middle) HANNAH (Last) SHAY

4. DATE OF DEATH: (Month) Sept (Day) 21 (Year) 1957

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow

8. DATE OF BIRTH: June 5, 1871

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Crawsonville, W. Va.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Luther Shay

14. MOTHER'S MAIDEN NAME: Mary Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Henry Samples

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of cervix with metastases — Interval between onset and death: 3 years?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Art. C. V. D. — 171X 48a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile

19a. DATE OF OPERATION: None 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 31 July 19 57, to 20 Sept 19 57, that I last saw the deceased alive on 20 Sept 19 57, and that death occurred at 10:40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas D. Lusby M. D. Oakland, Md. 21 Sept 57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/23/1957 — NAME OF CEMETERY OR CREMATORY: Shay's Chapel. — LOCATION (City, town, or county) (State): Near Tunnelton, W. Va.

DATE RECD BY LOCAL REG. 9/23/1957 — REGISTRAR'S SIGNATURE: Julia A. Rowan

24. FUNERAL DIRECTOR: Emory D. Bolden — ADDRESS: Oakland, Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

08922

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (In this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND RURAL
STREET ADDRESS (If rural, give location) ROUTE # 2

3. NAME OF DECEASED (Type or Print): (First) PHENAS (Middle) TRENTON (Last) SPIKER
4. DATE OF DEATH: (Month) SEPTEMBER (Day) 22, (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
MALE	WHITE	SINGEL	6/8/1892	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER helper
10b. KIND OF BUSINESS OR INDUSTRY FARMING
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Peter F. Spiker.
14. MOTHER'S MAIDEN NAME Alice L. Kight.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Joseph A. Spiker, 67 Southwood, Ave Columbus, Ohio.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured Skull — Interval Between Onset and Death: 5 days

812.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
1702
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route 219 6 mi. S. of Oakland (CITY OR TOWN) Garrett (COUNTY) Md. (STATE)
TIME OF INJURY (Month) Sept (Day) 16 (Year) 1951 (Hour) 7 30 m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Struck by automobile

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) J. Baumgartner M.D. ADDRESS Oakland Md. DATE SIGNED 9/22/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/24/1951
NAME OF CEMETERY OR CREMATORY Maple Springs Cemetery
LOCATION (City, town, or county) (State) Eglon, W. Va.

DATE REC'D BY LOCAL REG. 9/24/51
REGISTRAR'S SIGNATURE Julia A. Rawson
24. FUNERAL DIRECTOR Emroy D. Bolden
ADDRESS Oakland, Md.

Local

VS. A15A

RECEIVED
OCT 1 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08923

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Md. Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville, Md Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) OLIVER (Middle) KENNETH (Last) TASKER

4. DATE OF DEATH (Month) Sept (Day) 19 (Year) 1951

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 2/1/1904

9. AGE last birthday 47 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garage Owner

10b. KIND OF BUSINESS OR INDUSTRY Automobile

11. BIRTHPLACE (State or foreign country) West Virginia.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Russell Tasker

14. MOTHER'S MAIDEN NAME Dora Dean.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mrs. Ruth P. Tasker, Sykesville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxiation due to Carbon monoxide poisoning.

973.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

163 M

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION Found dead in car located on County Road - McKeys Creek

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY County Road near Deep Creek Lake Garrett Md

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 19-1951 11 PM m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Inhalation of auto exhaust

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE E. J. Baum Gartner M D (Degree or title) ADDRESS Oakland Md DATE SIGNED 9/20/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 9/23/1951

NAME OF CEMETERY OR CREMATORY Freedom Cemetery

LOCATION (City, town, or county) (State) Eldersburg, Carroll, Md

DATE REC'D BY LOCAL REG. 9-20/51

REGISTRAR'S SIGNATURE Julia A Rowan

24. FUNERAL DIRECTOR Emroy D. Bolda ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
OCT 1 1951
BUREAU W. S.